



Applicant
ID Number _____
Official use only

JUNIOR FACULTY DEVELOPMENT PROGRAM

A Program of the Bureau of Educational and Cultural Affairs of the
United States Department of State

A COMPLETE APPLICATION CONSISTS OF ONE ORIGINAL AND FOUR COPIES OF EACH OF THE FOLLOWING:

- A) COMPLETED APPLICATION FORM (4 pages) IN ENGLISH ONLY.
- B) STATEMENT OF PURPOSE (2-4 pages): IN ENGLISH AND IN UKRAINIAN.
- C) TWO LETTERS OF RECOMMENDATION: IN ENGLISH AND IN UKRAINIAN.
- D) CURRICULUM VITAE: IN ENGLISH AND IN UKRAINIAN.
- E) A RECENT PHOTOGRAPH OF YOURSELF ATTACHED TO THE APPLICATION.

1. Name (Do NOT translate your name. Please write your complete name in Latin letters, EXACTLY as it appears in your foreign passport) Example: Zakharova, Olena

Last Name First Name Patronymic Title (Dr/Mr./Ms.)

Name in Ukrainian (print as in your domestic passport)

Last Name First Name Patronymic Title (Dr/Mr./Ms.)

2. Gender _____

3. Marital Status _____

4. Date of birth _____
 day/month/year

5. Place of birth _____
 city/country

6. Citizenship _____

7. Country of Residence _____

8. Home /Contact Address in English
Do NOT translate but use Latin letters

9. Home /Contact Address in Ukrainian

Street

Street

Building number, Korpus, Apartment

Building number, Korpus, Apartment

City Index

City Index

Home telephone (include city code)

Home e-mail address

Attach recent
photograph here

Applicant
ID Number _____

10. Place of Employment (in English, do NOT translate but use Latin letters)

11. Place of Employment (in English, do NOT translate but use Latin letters)

Institution name

Institution name

Street

Street

Building number, Korpus, Apartment

Building number, Korpus, Apartment

City

Index

City

Index

Work telephone (include city code)

Work fax

Work e-mail

12. Your Position _____ 13. Department _____

14. Field of study to which you are applying (clearly circle only one)*

Business Administration	Economics	Educational Administration	Environmental Studies
Journalism	Law	Library Science	Political Science
Psychology	Public Policy	Public Administration	Sociology
Cultural Anthropology	History	Linguistics	Philosophy
Literature	American Studies	Arts Management	Architecture & Urban Planning

**Please inquire at the Fulbright Office for description of the fields of study.*

** If you are applying to a field other than one which you teach, please explain why:*

15. English Proficiency (in your opinion)	Reading:	Excellent _____	Good _____	Fair _____
	Writing:	Excellent _____	Good _____	Fair _____
	Speaking:	Excellent _____	Good _____	Fair _____

16. Highest Degree Earned: Dyplom _____ Kandydatska _____ Doktorska _____
Other _____

17. In what field is the above degree? _____

14. List all colleges, universities and professional schools that you have attended, **beginning with the most recent**. Use additional pages if necessary.

Institution and City	Years attended	Field of Study	Degree earned

APPLICATIONS ARE FREE OF CHARGE and
MAY BE DUPLICATED

Applicant
ID Number _____

19. List all academic and/or professional positions held, **beginning with the present or most recent**. Use additional pages if necessary.

Institution /Employer	Position	Dates of Employment

20. List all travel outside of the home country in the last five years. Use additional pages if necessary.

Dates	Country	Purpose of Visit

17. Recommendations. Give names of two colleagues or supervisors who know you and your work well, and who will be writing recommendations for you.

Name	Title	Relationship to You (i.e., colleague, supervisor, etc.)

18. Do you have permission from your institution and/or supervisor to participate in this program for the entire 11-month period (or possibly 12-month if ESL training is required)?

Yes _____ No _____

19. Are you applying to any other sponsored exchange program?

Yes _____ No _____

If yes, please indicate to which program you are applying:

Regional Scholar Exchange Program (RSEP) _____

Contemporary Issues Fellowship (CI) _____

Fulbright Program _____

Edmund S. Muskie/FSA Graduate Program _____

Other _____

APPLICATIONS ARE FREE OF CHARGE and
MAY BE DUPLICATED

24. How did you learn about the Junior Faculty Development Program? Please indicate how you learned about the JFDP (check all responses that apply). If you learned about the JFDP through a newspaper, journal, radio, or television advertisement, **write the name of the newspaper, radio station, etc.** If the way in which you learned about the JFDP is not listed below, explain how you heard about it in the line marked "other".

U.S. Educational Information Center _____ in _____ JFDP Alumnus/Alumna _____

Your Workplace _____
(city)

Lecture by JFDP Representative (where?) _____

Your University _____ Friend _____ Colleague _____ Television _____ Internet _____

Radio _____ Newspaper/Journal _____, please specify _____

U.S. Embassy/Consulate or PAS Office _____ Other _____
(please explain)

25. Do you plan to invite any dependents to join you in the United States in November 2000?
(Please read application instructions regarding dependents carefully) Yes _____

No _____

If yes (not sure _____), please give the following information:

Name	Age/Date of Birth	Relationship to You

26. Have you or a member of your immediate family applied for a U.S. green card or immigrant visa lottery? Yes _____ No _____

27. On a separate sheet of paper, please write out (type or print neatly, in English **and** in Ukrainian) a **Statement of Purpose**, explaining why you want to participate in the Junior Faculty Development Program. Please see the attached instructions for information that should be included in your **Statement of Purpose**. Your **Statement of Purpose** should be a minimum of two pages, and should not exceed three pages.

I certify that the information given in this application is complete and accurate to the best of my knowledge. I understand that in addition to the selection process outlined in this application, the final decision of my application and my status as a JFDP grantee is contingent upon program funding, on the ability of American Councils to place me at an appropriate U.S. university, and on my ability to receive and maintain a J-1 visa to the United States. If selected as a JFDP finalist, I agree to abide by the stipulations of the J-1 visa, and by all program regulations, and to return to my home country for a minimum of two years upon completion of the Junior Faculty Development Program.

Signature _____

Month/Day/Year _____

**Applications must be received at the Fulbright/JFDP Office by the deadline
of December 12, 2001**

APPLICATIONS ARE FREE OF CHARGE and
MAY BE DUPLICATED